

DIRECTORY OF LICENSED WISCONSIN NURSING HOMES - BY COUNTY

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Disability and Elder Services

Monday, May 22, 2006

KEY TO DESCRIPTIONS:

Title 18 = Title XVIII, Medicare Certification

Title 19 = Title XIX, Medicaid Certification

IMD = Institute for Mental Diseases

SNF = Skilled Nursing Facility

NF = Nursing Facility

STATE OF WISCONSIN

Bureau of Quality Assurance

PO Box 2969

Madison, WI 53701-2969

County: Ozaukee

| PROVIDER/ADDRESS | Contact and Phones | DHFS REGION | License Number, Level and Beds | Owner, Ownership, Certification Types, Provider Number |
|--|--|--------------|---------------------------------------|---|
| CEDAR SPRINGS HEALTH REHABILITATION CENTER N27 W5707 LINCOLN BLVD CEDARBURG, WI 53012 | (262) 376-7676 FAX: (262) 375-8161 Administrator: ANGELA WILLMS | SOUTHEASTERN | Lic. 3156 SKILLED CARE 78 Beds | EXTENDICARE HOMES INC PROPRIETARY CORPORATION 525578 Title 18 SNF |
| LASATA CARE CENTER W76 N677 WAUWATOSA RD CEDARBURG, WI 53012 | (262) 377-5060 FAX: (262) 377-4202 Administrator: RALPH LUEDTKE | SOUTHEASTERN | Lic. 2361 SKILLED CARE 203 Beds | OZAUKEE COUNTY BOARD GOVERNMENTAL COUNTY 525537 Title 18 SNF Title 19 NF |
| HIGHLANDS AT NEWCASTLE PLACE 12600 N PT WASHINGTON RD #300 MEQUON, WI 53092 | (262) 387-8850 FAX: (262) 387-8894 Administrator: MARGE GOZDOWIAK | SOUTHEASTERN | Lic. 235 SKILLED CARE 47 Beds | NEWCASTLE PLACE INC VOLUNTARY NONPROFIT CORP 525668 Title 18 SNF |
| SARAH CHUDNOW CAMPUS 10995 N MARKET ST MEQUON, WI 53092 | (262) 478-1501 FAX: (262) 478-1510 Administrator: NORMA ADAMS | SOUTHEASTERN | Lic. 5017 SKILLED CARE 25 Beds | MEQUON JEWISH CAMPUS, INC. VOLUNTARY NONPROFIT CHURCH 525682 Title 18 SNF |
| HERITAGE NURSING AND REHABILITATION CENTER 1119 N WISCONSIN ST PORT WASHINGTON, WI 53074 | (262) 284-5892 FAX: (262) 284-1612 Administrator: PAUL SCHULTZ | SOUTHEASTERN | Lic. 2328 SKILLED CARE 54 Beds | EXTENDICARE HOMES INC PROPRIETARY CORPORATION 525586 Title 18 SNF Title 19 NF |